



**Renewal/Change of Status  
911 Public Safety Telecommunicator Certification Form**

**This form is incorporated by reference in Florida Administrative Rule 64J-3.003.**

TYPE or PRINT in CAPITAL LETTERS (Please read instructions carefully before completing. All sections of this application are required to be completed unless otherwise noted. Omissions will delay processing.)

**Please return completed application along with your non-refundable payment for corresponding fees to:**

Florida Department of Health  
Bureau of Emergency Medical Operations  
911 PST Program  
4052 Bald Cypress Way, Bin A-22  
Tallahassee, FL 32399-1722

**Part I: Applicant Information**

**A. APPLICANT INFORMATION**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name (Legal)                      First Name (Legal)                      Middle Initial                      Date of Birth

Certification #: \_\_\_\_\_

Email: \_\_\_\_\_

**B. Late Fee Reactivation**

Not Applicable

The status of my certification has reverted to inactive status and has been inactive for less than 180 days. I have completed all renewal requirements and would like to renew my certification by submitting the renewal information, renewal fees, and the additional \$50 late fee.

**A certificate that is not renewed at the end of the 2-year period automatically reverts to an inactive status for a period that may not exceed 180 days. Such certificate may be reactivated and renewed within the 180-day period if the certificate holder meets all renewal requirements pursuant to 64J-3.003, F.A.C., and pays a \$50 late fee.**

**C. Requirements**

To be eligible for renewal certification as a 911 public safety telecommunicator, the applicant must complete at least **20** hours of renewal training prior to applying to the Department and submit the **\$50** renewal fee. The Department shall accept affirmation from any public safety agency as defined under §365.171(3)(d), F.S., that the applicant has met all recertification requirements.

Do not submit documentation of renewal requirements with your renewal application. The applicant is required to maintain documentation of successful completion of renewal requirements throughout the renewal period. The applicant is subject to a compliance audit by the department at any time. At the time of a compliance audit, the applicant will be required to submit documentation of successful completion of renewal requirements within 30 days of the Department's request.

**APPLICATION FEES ARE NON-REFUNDABLE**

## Part II: Change of Status

### A. Change of Name

Not Applicable

I have changed my name since my initial certification was obtained or since my last renewal.

Submit your new name as well as supporting documentation as described below.

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Suffix

Name change requires legal documentation showing the name change. The applicant must submit with this form a photocopy of one of the following: a marriage license (marriage license must indicate the original signature and seal from the clerk of court), a divorce decree indicating restoration of the applicant's legal name, or a court order (e.g. adoption, name change, or federal identity change). Any one of these will be accepted unless the department has a question about the authenticity of the document. A driver's license or social security card is not considered legal documentation.

**If the name change cannot be completed, the applicant's license may be renewed using the current name.**

### B. Change in Place of Full-Time Employment

Not Applicable

I have changed my place of supervised full-time employment since my initial certification was obtained or since my last renewal.

**Submit the name, address, phone number, dates of employment, and name of supervisor of the new place of employment below.**

Name of Employing Agency: \_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Agency phone #

\_\_\_\_\_

Name of Supervisor

Employment start date:

\_\_\_\_\_

mm/dd/yyyy

### C. Change of Mailing Address

Not Applicable

I have changed my address since my initial certification was obtained or since my last renewal.

Submit your new address below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FEES ARE NON-REFUNDABLE**

**D. Voluntary Inactive Status of Certification**

- Not Applicable
- I would like to change the status of my certification to **Voluntary Inactive**.

A certificate holder may request that his or her 911 emergency dispatcher certificate be placed on inactive status by selecting this option before his or her current certification expires and paying a set fee of \$50 to the Department. The fee of \$50 and completed renewal application must be submitted prior to the renewal date. The applicant must currently be certified as a 911 emergency dispatcher to request this status. **The applicant shall not practice as a certified 911 public safety telecommunicator as defined in §401.465, F.S., if this status is selected.**

**E. Reactivation from Voluntary Inactive Status**

- Not Applicable
- The status of my certification has been inactive for more than 180 days but less than 6 years. I have completed all renewal requirements and would like to reactivate my certification by submitting the renewal information and renewal fee of \$50.

A certificate holder whose certificate has been on inactive status for greater than 180 days may renew his or her certificate upon payment of a \$50 renewal fee and completion of 20 hours of renewal training pursuant to 64J-3.003, F.A.C.

**F. Public Records Exemption**

**Exemption from public records: Your responses in filling out this form are a public record.** That means that any one can request a copy of your filled out form. However, we will not supply your home address, telephone number, photograph, and place of employment if you are an active or former member of law enforcement, a firefighter certified in compliance with §633.35 Florida Statute, or the spouse or child thereof. There are similar exemptions for **judges** and **others**. **However we will not know you have an exemption unless you tell us.** If you have questions about this, please review §119.07, F.S., and, in particular, subsection 4 [§119.07(4), F.S.]. Additional information, including answers to frequently asked questions may be had through the Office of the Attorney General of the State of Florida's website, <http://myfloridalegal.com>. For general information on this subject contact, the Office of the Attorney General at 850.245.0157.

- I am an active or former member of law enforcement,
- I am a firefighter certified in compliance with §633.35, F.S.
- I qualify under another exemption from the Public Records laws. **Identify the exemption and your basis for qualification for the exemption:**

**APPLICATION FEES ARE NON-REFUNDABLE**

**G. STATEMENT:** I, \_\_\_\_\_ am the person referred to in this application; All statements contained herein and in any attachments hereto are true, correct and complete; I am free from addiction to alcohol and I am free from any controlled substance; and, I am free from any physical or mental defect or disease that might impair my ability to perform my duties consistent with the certification applied for.

**PERFORM ONE OF THE FOLLOWING** (at least one of the following must be completed):

**(1)** Under penalties of perjury, I declare that I have read the foregoing **STATEMENT** and the facts stated in it are true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OR**

[REQUIRES ADMINISTRATION OF AN OATH UPON YOU BY A PERSON AUTHORIZED TO ADMINISTER OATHS SUCH AS A NOTARY PUBLIC].

**(2)** SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ 20\_\_\_\_ ,

by \_\_\_\_\_ (name of person making statement).

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced \_\_\_\_\_

**Contact Information**

**Bureau of EMO/ 911 PST Program Cotact Information:**

Florida Department of Health  
Bureau of Emergency Medical Operations  
911 PST Program  
4052 Bald Cypress Way Bin A-22  
Tallahassee, FL 32399-1722

Phone: (850) 245-4440  
Fax: (850) 245-4378  
Website: www.floridahealth.gov  
E-mail: ems.operations@flhealth.gov

**No personal checks will be accepted.**

Please make certified check, money order, or agency check payable to the **Florida Department of Health.**

**APPLICATION FEES ARE NON-REFUNDABLE**



**\*THIS PAGE IS CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE AND MUST BE SUBMITTED WITH YOUR APPLICATION\***

Florida Department of Health  
911 Public Safety Telecommunicator Application

**Name:** \_\_\_\_\_  
Last First Middle

**Social Security Number:** \_\_\_\_\_

\*This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to [Title 42 U.S. Code § 666\(a\)\(13\)](#).

**APPLICATION FEES ARE NON-REFUNDABLE**